

Personal Services Questionnaire Form A

This questionnaire is to be completed by the requesting division and attached to all requests for the services of a specific individual. Please complete both sides of this form and forward to Procurement or Human Resources as appropriate. If questions 1 or 2 or 3 are answered yes, forward request for personal services along with this form to Human Resources.

Requester's Name: _____

Requester's Signature: _____

Division: _____ Cost Center: _____

Procurement of these services are not being requested to circumvent manpower ceiling, educational requirements, pay limitations or competitive employment procedures.

Name of Individual Requested to Provide Personal Services

If questions 1 or 2 or 3 are answered yes, forward request for personal services along with this form to Human Resources.

	Yes	No
1. Is this individual a former Laboratory employee? If yes,	<input type="checkbox"/>	<input type="checkbox"/>
Dates of Employment: _____		
Division: _____		
Job Classification: _____		
2. Are the services sought available from an existing Laboratory organization or its employees?	<input type="checkbox"/>	<input type="checkbox"/>
If you have answered yes, what division(s) could provide these services?		
Division(s): _____		
3. Are the services sought currently or normally performed by bargaining unit employees?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
4. Has the person previously worked for Argonne in the last three years under a contractual instrument? If yes,	<input type="checkbox"/>	<input type="checkbox"/>
Dates of Contract: _____		
Division(s): _____		
5. Is the individual working for the Laboratory as an employee of another organization doing business with the Laboratory, i.e., contractor employees or personnel assigned under a Basic Ordering Agreement (BOA), or other contractual instrument? If yes, give name of outside organization:	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
6. Will ANL have the right to direct and control the details of when, where, and how the work is to be done?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the individual be required to comply with ANL instruction manuals or written procedures which show how the work is to be done?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the individual receive any training (other than ANL safety or site specific training) before or during the time the service is being performed?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the individual have a continuing working relationship with ANL?	<input type="checkbox"/>	<input type="checkbox"/>
10. Will ANL set the hours of work for the individual?	<input type="checkbox"/>	<input type="checkbox"/>
11. Must the individual work full-time for ANL?	<input type="checkbox"/>	<input type="checkbox"/>
12. Will the work be performed in the sequence set by ANL?	<input type="checkbox"/>	<input type="checkbox"/>
13. Will the individual be required to submit regular progress reports to ANL?	<input type="checkbox"/>	<input type="checkbox"/>
14. Will the individual receive payment of regular amounts at set intervals, i.e., by the hour, week, or month as opposed to piecework or lump sum?	<input type="checkbox"/>	<input type="checkbox"/>
15. Will the individual receive payment for business and/or travel expenses?	<input type="checkbox"/>	<input type="checkbox"/>
16. May the individual quit work at any time without incurring liability? If "No," explain _____	<input type="checkbox"/>	<input type="checkbox"/>

For Official Use Only

After reviewing Parts A and B of Form 482, the following determination was made:

____ Employee - Withhold

____ Independent Contractor - Do Not Withhold

Date: _____

Office of the Chief Financial Officer